## DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Method and Apparatus for Monitoring Intravenous (IV) Drug Concentration Using Exhaled Breath, specification for which

is attached hereto.		
□ was filed	, Serial 1	No
I hereby state that I have reviewed an amended by any amendment referred to		dentified specification, including the claims, as
I acknowledge the duty to disclose infor Code of Federal Regulations, §1.56(a).	rmation which is material to patentability	y of this application in accordance with Title 37
	d have also identified any foreign applica	Vor §365 of any foreign application(s) for patent ation for patent or inventor's certificate having a
Application Coun Serial No.	try Filing Date	Priority Claimed
I hereby claim priority benefits under Title 35, United States Code §119 of any provisional application(s) for patent listed below:		
Application Serial No.	Filing Date	Priority Claimed
I hereby claim the benefit under Title 35, United States Code, §120 and/or §365 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status (Patented, Pending, Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: David R. Saliwanchik, Reg. No. 31,794; Jeff Lloyd, Reg. No. 35,589; Doran R. Pace, Reg. No. 38,261; Christine Q. McLeod, Reg. No. 36,213; Jay M. Sanders, Reg. No. 39,355; James S. Parker, Reg. No. 40,119; Frank C. Eisenschenk, Reg. No. 45,332; Jean Kyle, Reg. No. 36,987; Seth M. Blum, Reg. No. 45,489; Glenn P. Ladwig, Reg. No. 46-853; Jon Michael Gibbs, Reg. No. 47,594; Margaret Efron, Reg. No. 47,545. I request that all correspondence be sent to:

Christine Q. McLeod 2421 N.W. 41st Street, Suite A-1 Gainesville, FL 32606-6669

I further request that all telephone communications be directed to:

Christine Q. McLeod (407) 426-7500

Name of First or Sole Inventor Richard J. Melker		
Residence Gainesville, FL Citizenship United States		
Post Office Address 6101 N.W. 19th Place		
Gainesville, FL 32605		
Date November 19, 2001		
Signature of First or Sole Inventor		
********************************		
Name of Second Joint Inventor		
Residence Gainesville, FL Citizenship United States		
Post Office Address 10606 S.W. 41st Place		
Gainesville, FL 32608		
David Dineles Date 18 2001		
Signature of Second Joint Inventor		
************************		
Name of Third Joint Inventor		
Residence Citizenship		
Post Office Address		
Date		
Signature of Third Joint Inventor		
************************		
Name of Fourth Joint Inventor		
Residence Citizenship		
Post Office Address		
Date		
Signature of Fourth Joint Inventor		